Bioterrorism Preparedness and Response Project Profile WASHINGTON Updated: March 20, 2001

Source: Centers for Disease Control and Prevention/Bioterrorism Preparedness and Response Program

Washington has strengthened its capacity to respond to threats of bioterrorism by:

Focus Areas

Funded

- Epidemiology and Surveillance Core
- Epidemiology and Surveillance Special
- Laboratory Capacity for Biologic Agents
- Health Alert Network
- Developing disease and syndrome-specific protocols for potential and confirmed biological/chemical events
- Developing fact sheets for obtaining and handling laboratory specimens
- Establishing internal and external agency notification protocols
- Updating the state-wide and the Department of Health's Comprehensive Emergency Management Plans
- Developing disease-specific fact sheets for health care providers and potentiallyexposed persons
- Developing threat guides for public safety and public health agencies, and businesses that may be targets of bioterrorism threats
- Passing a resolution to make bioterrorism preparedness a priority for all local jurisdictions in King County
- Educating health care providers, emergency management professionals and others about bioterrorism
- Updating notifiable conditions regulations to include "diseases of suspected bioterrorism origin" and "unexplained critical illness or death"
- Assessing state and local surveillance and reporting systems
- Collaborating with the University of Washington's Harborview Medical Center to develop web-based reporting of hospital bed capacities
- Conducting syndromic surveillance based on hospital emergency department discharge data and emergency medical services (911) runs
- Monitoring unexplained deaths of potential infectious etiology
- Training laboratory staff in receiving, testing and reporting specimens
- Developing bioterrorism laboratory kits with media, reagents and equipment needed to handle an incident
- Establishing procedures for first responders to send bioterrorism samples to the public health laboratory
- Implementing laboratory procedures for select bioterrorism agents
- Upgrading the Spokane Regional Health District laboratory to BSL-3 capacity
- Upgrading local technical infrastructures to include installation of firewalls which support virtual private networking for King, Spokane, and Thurston Counties
- Installing satellite downlink facility and videoconferencing capabilities in Kent and Spokane, Washington and other local facilities
- Developing a bioterrorism tabletop exercise that facilitates further discussion of emergency preparedness and communicable disease outbreak management at

the local public health system levelCompleting the DOJ Performance Assessment in all 39 counties

Project Year 2 Plans (August 31, 2000-August 30, 2001) include:

- Educating health care providers about bioterrorism issues and notifiable disease reporting regulations
- Updating and distributing disease specific investigation protocols
- Developing BT fact sheets for health care providers, first responders, laboratorians, the media and others
- Maintaining and testing emergency communication protocols
- Expanding flu-like illness surveillance project
- Enhancing laboratory testing proficiency and capacity
- Upgrading local technical infrastructures to include installation of firewalls which support virtual private networking in Pierce, Clark, Benton, Franklin, Skamania, Kitsap, and Skagit Counties
- Beginning implementation of high-level assurance PKI technologies at all local health jurisdictions
- Developing training materials and mechanisms
- Developing and refining the national methodology for evaluation of the DOJ-CDC Public Health Emergency Preparedness Assessment
- Hiring a microbiologist/entomologist to develop Taq-Man based procedures for agents of Bioterrorism.
- Developing and conducting a survey to identify and profile Level A labs around the state. This survey will be mailed to all the clinical laboratories in the state to determine the personnel, training, technical, and bio-safety capabilities of laboratories for dealing with agents of bioterrorism.

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Anecdotes

- Washington is developing a sound infrastructure that is integrated with other communicable disease prevention and epidemiology, laboratory practice, and communications and training needs for the state's public health system
- The first year saw much planning and coordination that will assure a level of success in coordinating bioterrorism preparedness activities that would have otherwise been impossible